

# 99 omitted

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10817494

FILING DATE

4-1-04

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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50						
TOTAL IND.	2					
TOTAL DEP.	32					
TOTAL CLAIMS	36					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

(2)

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10817494

FILING DATE 4-1-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												